

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029434

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2236

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS (Hilldale)	
Length of stay in lb 1585 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) 6329 ST. LOUIS	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM O. FULLER			4. DATE OF DEATH Month Day Year JULY 30, 1962		
5. SEX MALE	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-4-1875	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER		10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING		11. BIRTHPLACE (City and state or country) COLUMBIS, INDIANA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME MINOR FULLER		13b. MOTHER'S MAIDEN NAME AURELIA PRATT	
14. NAME OF HUSBAND OR WIFE FLOSSIE FULLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT 6329 ST. LOUIS, MRS. FLOSSIE FULLER ST. LOUIS, MO.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Generalized Arteriosclerosis with Arteriosclerotic heart disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. attended the deceased from 3-28-58 to 7-30-62 Death occurred at 3:31 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE John J. Mueller (Degree or title) M.D. VET. ADM. HOSP; JEFF. BRKS., 25, MO.	22b. ADDRESS Normandy Missouri	22c. DATE SIGNED 7-30-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) Normandy Missouri		23e. DATE RECD. BY LOCAL REG. 8-1-62
24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~embalmer~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Lawrence O. Herbig

Licensed Embalmer No. 4979

P. O. Address Berkeley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.